

**AOS #19 Patient Care Assignments**  
(Revised 2/2005)

KENTUCKY BOARD OF NURSING  
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ADVISORY OPINION STATEMENT

**RESPONSIBILITY AND ACCOUNTABILITY OF NURSES  
FOR PATIENT CARE ASSIGNMENTS AND NURSING CARE DELIVERY**

The Kentucky Board of Nursing has received multiple inquiries regarding the appropriate utilization of licensed nursing personnel in the delivery of nursing care. Inquiries sought guidelines related to the roles of nurses in accepting or rejecting an assignment when a nurse is to provide specialized care for which the nurse is unfamiliar.

After review of the statutes governing nursing practice and study of the issues and concerns, the Kentucky Board of Nursing adopted an advisory opinion statement addressing nurses' responsibility and accountability concerning patient care assignments and nursing care delivery.

**Statutes**

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
  - 1. Preparing and giving medication in the prescribed dosage, route, and frequency;
  - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
  - 3. Intervening when emergency care is required as a result of drug therapy;
  - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
  - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
  - 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating nursing care.
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

KRS 314.021(2) holds all nurses responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing.

### **Advisory Opinion**

All nurses share in the responsibility, within the context of their positions, for assuring that nursing care is provided in a safe and effective manner. In order to assure this provision of care, patient care assignments should be commensurate with the qualifications of each nursing staff member, the nursing needs of the patient, and the prescribed medical plan of care.

KRS 314.021(2) imposes individual responsibility upon nurses to undertake the performance of acts/procedures for which they are prepared by virtue of their education and experience in nursing. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those nurses who personally possess the education and experience to perform those acts safely and competently. In order to make a determination as to the appropriateness of a nurse being assigned to provide patient care in a specific area, the following factors should be considered:

- 1) The kinds of acts being performed;
- 2) The condition of the patient for whom the acts are being performed;
- 3) The situation in which the acts are performed;
- 4) The preparation and experience of the nurse performing the acts;
- 5) The ability of the nurse to recognize adverse reactions and the capability to take appropriate actions in order to protect the patient.

When a nurse is temporarily assigned to an unfamiliar, specialized, or "high-tech" patient care area, the nurse is expected to utilize core knowledge and competence to provide patient care. The duties expected of the nurse should be outlined, and the nurse should have the ability to perform those duties. Further, the nurse in such a situation should be under the on-site supervision of a registered nurse who is prepared by virtue of education and experience to practice competently in the specific area.

A nurse who doubts his/her competence to perform a requested act has an affirmative obligation to:

- 1) Collaborate with the appropriate supervisory nursing personnel to assist in the performance of the act.
- 2) Request the educational preparation and supervised clinical practice necessary to perform the act.

If the appropriate training or supervision is not provided, then the nurse is obligated to refuse to perform the act and to inform the supervisory nursing personnel, and/or the prescribing physician/provider, as applicable.

If a nurse accepts an assignment believed to be unsafe, or for which the nurse is not educationally prepared, the nurse assumes the potential liability that may occur as the result of the assignment. Others may equally or concurrently be held responsible, accountable, and liable for the nurse's actions.

Health care facilities are responsible for maintaining adequate staff. The nurse administrator(s) who determines staffing patterns and/or appropriate assignments shares in the responsibility for assuring that staff are available to provide safe and effective nursing care, and that staff are appropriately distributed, utilized, oriented, and have available resources necessary to provide care. Nurses should work in a collaborative, cooperative, responsible relationship to assure these outcomes.

The Kentucky Board of Nursing does not establish a ratio for the given number of patients for which a nurse may be assigned. Pursuant to the KRS Chapter 216B, the Cabinet for Health and Family Services promulgated administrative regulations requiring that health care facilities employ a sufficient number of qualified personnel to meet the needs of the patients [902 KAR 20:16; 026; 048; 051]. A patient/nurse ratio should be minimally based upon the qualifications of each nursing staff member, nursing care needs of the patient, and the patient's prescribed medical and nursing care requirements set forth in a plan of care. When patients do not receive necessary care because of understaffing, then the specific facts of the given situations should be documented and reported to the nurses's chain of command as well to the Cabinet for Health and Family Services, Office of the Inspector General, Division of Health Care Facilities and Services, (502-564-7963), and to the Joint Commission on Accreditation of Healthcare Organizations.

Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

### **ANA Position Statement**

The American Nurses Association has also addressed this matter. In the Position Statement entitled "The Right to Accept or Reject an Assignment" the ANA states, in part,

"... that it is the nurse's responsibility to: ...safeguard patients and avoid actions that place the interest of the patient(s) in jeopardy. The right to refuse an assignment should be narrowly construed and the nurse must balance such a refusal against the obligation to provide for patient safety and to avoid abandonment. A refusal of an assignment may be justified when the risk of harm to the patient(s) is greater by accepting the assignment than by rejecting it." (A copy of the statement may be obtained from the ANA.)

### **Determining Scope of Practice**

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be purchased from the Kentucky Board of Nursing office or downloaded from the KBN website at <http://kbn.ky.gov>.

We wish to inform you that the above is an opinion of the Kentucky Board of Nursing. The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. An opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

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